## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Dockel Number

Effective January 1, 2003									7 7 6 6 7 6 7 .					
		CLAIMS A		FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN			
TOTAL CLAIMS			6				1	RATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			6 minus 20=		. 0			X\$ 9=		OR	X\$18=	0		
INDEPENDENT CLAIMS			3 minus 3 =		·	)		X42=		OR	X84=	0		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	0		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	250			
CLAIMS AS AMENDED - PAR (Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-/ TIONAL FÆE		
Š	Total	. 6	Minus	"	2 <u>0                                    </u>	2		X\$ 9=		OR	X\$18=			
AME	Independent	. 5	Minus	***	3	-	П	X42=		OR	X84≈/			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=			
								TOTAL		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colur		(Column 3)		ADDIT FEE			ADD:1. 7 CE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT B	Total		Minus			-	11	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	01 4/14	<u> -</u>	11	X42=		OR	X84=			
ᆫ	PHST PHESE	NTATION OF MI	JETIPLE DEF	ENDENT	CLAIM		۱ ۱	+140=		OR	+280=			
							,	TOTAL ADDIT FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Calur		(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total		Minus	**		-	Ħ	X\$ 9≃		OR	X\$18=			
AME	Independent		Minus	***		<u> </u>	١t	X42=		OB	X84=			
L	FIRST PRESE	NTATION OF ME	JUI IPLE DE	ENDENT	CLAIM		ľ	+140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT SEE										OB	TOTAL	<b></b> -		
***	If the "Highest Nu	mber Previously Pa	ald For IN THI	S SPACE I	s less tha	n 3, enter "3."		OOIT. FEE	ropriate box		ADDIT. FEE lumn 1.			
	rwysicol NUII	no, movinosy Pai	a.o (ioaio	**ueheuo	und to ene	INSTITUTION INCHINO	. 100	w at mis arbi	volumes 000	an co	COUNTY 1.			